## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

**DOCUMENT #** 

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

S12654

## Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90074 017 \*\*\*150.00

C.C. PAI	NTING, INC.					
Drivers of Disease	- of Dunings	Mailing Address		_		9)  4 Bit Bibil 9:0   Bibil 0:0   195
Principal Place of Business  23349 TRANQUIL LANE BOCA RATON FL 33428 US  Mailing Address  23349 TRANQUILL LANE BOCA RATON FL 33428 US					DO NOT WRITE IN T	HIS SDACE
					3. Date Incorporated or Qualifed	113-017102
					11/14/1990	,
2 Dringing D	lace of Business	2a. Mailing Address			4. FEI Number	Applied For
	lace of Business				65-0232685	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_		\$8.75 Additional
22	r, 010.	27	12m. m.	-	5. Certifcate of Status Desired	Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible
24	25	29	30		Personal Property Tax.	☐ Yes ☐ No
<del></del> 1	9. Name and Address of Curre				10. Name and Address of New Register	ed Agent
			8	Name		
	ih, wendell h		82 Street Ad		Idress (P.O. Box Number is Not Acceptable)	
	THOMAS HOLDEN PA			ou doi: / id		
4160	) W 16 AVE STE 209		8	13		
HIAL	EAH FL 33012		Ļ	A 015.	-	85 Zip Code
•			8	14 City	· F	
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.0505, Flori gent and title if applicable. (NOTE:	Registered Ag	es.	uired when reinstating)	
12.		AND DIRECTORS	13.	-	ADDITIONS/CHANGES TO OFFICERS	Change Addition
TIŢLE	Р	☐ DELETE	1.1 TITLE	ì		☐ onlarige ☐ Addition
NAME	SMITH, WENDELL H.		1.2 NAMi	}		
STREET ADDRESS	% 4160 W 16 AVE STE 209			EET ADDRESS		
CTY-ST-ZIP	HIALEAH FL		1.4 CITY	-ST-ZIP		
TITLE		□ DELETE				☐ Change ☐ Addition
NAME		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS		☐ DELETE	2.2 NAMI	E	*****	☐ Change ☐ Addition
STREET ADDRESS		□ DELETE	2.2 NAMI 2.3 STRE	E EET ADDRESS		☐ Change ☐ Addition
CITY-ST-ZIP		•. •	2.2 NAMI 2.3 STRE 2.4 C/TY	E EET ADDRESS 7-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE	E EET ADDRESS /-\$T-ZIP		☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME		•. •	2.2 NAMI 2.3 STRE 2.4 C/TY 3.1 TITLE 3.2 NAMI	EET ADDRESS (-\$T-ZIP E	<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	<u> </u>	•. •	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE	EET ADDRESS  /-ST-ZIP  E E EET ADDRESS		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY	E EET ADDRESS /-ST-ZIP E E EET ADDRESS /-ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		•. •	2.2 NAMI 2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY 4.1 TITLE	E EET ADDRESS  /- \$T-ZIP  E  E  E  E  E  C-\$T-ZIP  E  E  E  E  E  C-\$T-ZIP  E  E  E  E  E  E  E  E  E  E  E  E  E	<u> </u>	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI	E EET ADDRESS  /-\$T-ZIP  E E EET ADDRESS  (-\$T-ZIP  E KE		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.2 NAMI 2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4. CITY 4.1 TITLE 4. 2 NAMI 4.3 STRE	E EET ADDRESS 7-\$T-ZIP E E EET ADDRESS (-\$T-ZIP E E E E E E E E E E E E E E E E E E E		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	2.2 NAMI 2.3 STRE 2. 4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAWI 4.3 STRE 4.4 CITY	E EET ADDRESS  /-ST-ZIP  E EET ADDRESS  (-ST-ZIP  E KE  EET ADDRESS  -ST-ZIP		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	2.2 NAM 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAM 3.3 STRE 4.1 TITLE 4.2 NAM 4.3 STRE 4.4 CITY 5.1 TITLE	E EET ADDRESS  /-ST-ZIP E EET ADDRESS  (-ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI	E EET ADDRESS  /-ST-ZIP E EET ADDRESS  (-ST-ZIP E EET ADDRESS -ST-ZIP E		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	E EET ADDRESS  /- \$T-ZIP  E EET ADDRESS  /- \$T-ZIP  E KE  EET ADDRESS  \$T-ZIP  E KE  EET ADDRESS  \$T-ZIP  E EET ADDRESS  \$T-ZIP  E EET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PROPERTY ADDRESS CITY-ST-ZIP		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE	E EET ADDRESS  /-ST-ZIP  E EET ADDRESS  /-ST-ZIP  E ME  EET ADDRESS  -ST-ZIP  E EET ADDRESS  -ST-ZIP  E EET ADDRESS  -ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	2.2 NAMI 2.3 STRE 2.4 CITY 3.1 TITLE 3.2 NAMI 3.3 STRE 3.4 CITY 4.1 TITLE 4.2 NAMI 4.3 STRE 4.4 CITY 5.1 TITLE 5.2 NAMI 5.3 STRE 5.4 CITY	E EET ADDRESS (-ST-ZIP) E E EET ADDRESS (-ST-ZIP) E AE EET ADDRESS -ST-ZIP E E EET ADDRESS -ST-ZIP E E EET ADDRESS		Change Addition  Change Addition  Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

**SIGNATURE:** 

201411-92007